



October 12, 2007

Dear Applicant:

Thanks for your interest in the COMBAT Grant Match. As you know, the deadline for this year's fully-completed application is November 12, 2007 at 5:00 p.m. No applications will be considered if they are not in our office by that time. Program activities will take place in the calendar year of 2008 i.e. from January through December 2008.

Each year, the Jackson County Prosecutor utilizes the Grant Match program to promote innovation and edge-cutting projects that further the law enforcement, treatment, and prevention knowledge and thus, the advancing our overall goal of reducing the use and abuse of illegal substances. Thus, it follows that as new ideas emerge, your application should reflect the new "thinking and activities". More important, we are again stressing outcomes and evaluation. A recently-formed COMBAT Review Committee emphasized the continuing attention placed on evaluation. That, too, should be a part of your application. Finally, the Prosecutor's goals for 2008 and beyond address the ongoing issue of violent crime. He feels strongly that this goal, while challenging, can be more manageable by including and addressing its close-knit relationship with substance abuse. This too should be explored in your application. We encourage you to look at the Jackson County Community Needs Assessment at [www.jacksoncountyprosecutor.org](http://www.jacksoncountyprosecutor.org).

Like years past, we encourage and enjoy the partnerships we have established through the Grant Match program. Some of COMBAT's most innovative and successful programs have been generated and developed through Grant Match dollars. Moreover, it is critical that these partnerships be recognized and enhanced each year. Any questions you may have should be directed to Angela Castle at 881-3113. We will gladly assist you by responding to any questions.

Thanks for your interest in Grant Match and the steps you have taken to reduce crime by reducing the use and abuse of illegal substances.

Sincerely,

*Jim Nunnelly*

Jim Nunnelly  
COMBAT Program Administrator

James F. Kanatzar • Jackson County Prosecuting Attorney  
415 E. 12th Street, 11th Floor, Kansas City, Missouri 64106 • (816) 881-3843



**2008 GRANT MATCH APPLICATION**  
APPLICATION MUST BE RECEIVED BY 5:00 P.M., NOVEMBER 12<sup>TH</sup>, 2007

**I. Rules**

- 1.) COMBAT grant match funds cannot be the primary source of program funds.
- 2.) COMBAT grant match funds are used to match solely primary grantor funds.
- 3.) COMBAT grant match funds may not be used to supplant existing program funds.
- 4.) Each organization is limited to only one COMBAT grant match in any given year.

**II. Guidelines**

- 1.) Funding priority given to match request.
- 2.) The following suggested guidelines will be used to determine the potential grant match:
  - \$25,000 and under can apply for 100% grant match
  - \$25,000-\$50,000 can apply for 40% grant match
  - \$50,000-\$75,000 can apply for 35% grant match
  - \$75,000-\$100,000 can apply for 30% grant match
  - \$100,000 and up can apply for 25% grant match
- 3.) All COMBAT Grant Match applications must include the following materials:
  - 1.) Award letter from primary funder
  - 2.) Program narrative
  - 3.) Last Audit
  - 4.) List of the board of directors, program organizational chart, and staff resumes
  - 5.) COMBAT Budget
  - 6.) Overall Budget
  - 7.) Required Grant Match Letter
  - 8.) 501c3
  - 9.) Evaluation Plan
  - 10.) Form 990

**III. Procedures**

- 1.) Award recipients will agree to the possibility of an annual audit conducted by the Jackson County Auditor.
- 2.) COMBAT grant funds cannot be used to make capital purchases.
- 3.) Generally services will be reimbursed quarterly upon County's receipt of an expenditure report, and monthly progress report.
- 4.) Award recipients agree to have COMBAT logo on printed material; COMBAT signs visible at the program site, COMBAT involvement included on Web site and participate in Annual Events.
- 5.) Award recipients agree to submit monthly report by the 10<sup>th</sup> of every month.

**Your request will be evaluated based on existing needs within the COMBAT strategy. (Please see Community Needs Assessment at [www.jacksoncountyprosecutor.org](http://www.jacksoncountyprosecutor.org))**

***\*\*\*Application is to be typed. Please do not attach already printed material that may explain the information we are requesting. Answer each question, if it does not apply to you, place NA in the space provided. Place one staple in the upper left corner. Any application not following this format will be returned.***

**James Kanatzar • Jackson County Prosecuting Attorney  
415 E. 12<sup>th</sup> Street, 11<sup>th</sup> Floor, Kansas City, Missouri 64106 • (816) 881-3555 FAX (816) 881-3810**

**Name and address of agency and program applying for Grant Match funding in 2008:**

Name of Agency: \_\_\_\_\_ Title of Program: \_\_\_\_\_

Address of agency: \_\_\_\_\_

Address of program location: \_\_\_\_\_

Phone-agency: \_\_\_\_\_ Phone-program location: \_\_\_\_\_

Authorized official: \_\_\_\_\_ Phone: \_\_\_\_\_

Program director: \_\_\_\_\_ Phone: \_\_\_\_\_

**What is the amount being requested from COMBAT and for what fiscal year? Please write out the term of your fiscal year, i.e., October to October. If different than your primary granter's year, please state both fiscal years. If any part of this request for funding will need to be used as "up front" funds for start up costs, please show how much of the request that equals.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Federal, State and/or Local Organizations or Agencies for which you have received funding for 2008:**

Federal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list the number of years that you have received funding from these Federal agencies and the amount of the grant received. Include the 2007- year. If you have not yet received funding for 2008, please list the amount requested.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list the number of years that you have received funding from this State agency and the amount of the grant received. Include the 2008- year. If you have not yet received funding for 2008, please list the amount requested.**

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Local Name (include COMBAT & COMBAT Commission in this list): \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list the number of years that you have received funding from this Local agency and the amount of the grant received. Include the 2008- year. If you have not yet received funding for 2008, please list the amount requested.**

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**SUMMARY OF PROGRAM**

**What is the mission statement or objectives of your organization?** \_\_\_\_\_

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***COMBAT Goals (Please check all that apply)***

- Incorporate risk factors based on Jackson County Community Needs Assessment
- Establish partnerships with agencies with access to children of incarcerated/substance abusing parents
- Address the needs of special populations
- Address anger management and drug usage
- To disseminate pertinent/research data to Jackson Countians/Community Agencies
- To demonstrate the effectiveness of arts programming and its inextricable relationship to drug prevention
- To establish strong prevention programs that recognizes/ includes parents as a part of the educational component.

**In order to gain a better understanding of the mechanisms by which your program assists the community goal of reducing drugs and ultimately crime in Jackson County we need you to tell us about the participants in your program and the activities they perform.**

***Background***

Briefly describe your program. How will your program prevent crime, drug usage and/or abuse? Be specific.

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***Target population***

Estimate the number, the kind and the approximate budget cost for clients that are served by your program.

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**Describe exactly how you will reach targeted group.**

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***Approach and Method***

List the three main objectives of your program.

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

**What other COMBAT agencies will be involved in your project? Describe briefly how they are involved.**

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**What other non-COMBAT agencies will be involved in your program? Describe briefly how they will be involved.**

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**Please list successes/vision outcome.**

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**PLEASE ATTACH ITEMS 1 THROUGH 10 TO YOUR APPLICATION**

- 1.) Award Letter from Primary Funder
- 2.) Program Narrative
- 3.) Last Audit
- 4.) List of Board of Directors, Program Organizational Chart, and Staff Resumes
- 5.) COMBAT Budget
- 6.) Overall Budget
- 7.) Required Grant Match Letter
- 8.) 501c3
- 9.) Evaluation Plan
- 10.) Form 990

**Please submit application to Angela Castle, Deputy Administrator, Jackson County  
Prosecutor's Office, 415 E. 12<sup>th</sup> Street, 11<sup>th</sup> floor, Kansas City, MO 64106**